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7590 02/06/2008

**HEWLETT-PACKARD COMPANY**  
Intellectual Property Administration  
P.O. Box 272400  
Fort Collins, CO 80527-2400

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/964,058	09/26/2001	Daniel Travis Lay	10015670-1	1415

TITLE OF INVENTION: SYSTEM AND METHOD FOR TRANSPARENCY OPTIMIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/06/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
DULANEY, BENJAMIN O	2625	358-506000

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).**

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

**2. For printing on the patent front page, list**

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Hewlett-Packard Development Company, L.P.

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

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- A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature / Robert D. Wasson /

Date March 7, 2008

Typed or printed name Robert D. Wasson

Registration No. 40,218

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